

## CLAIMS ONLY

Application Number \_\_\_\_\_

Filing Date

Application Number  
10/658937

Applicant(s)

7-5-05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total Indep			2			
Total Depend			13			
Total Claims			15			

may be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						